

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90069 014 \*\*\*\*61.25

**DOCUMENT # N02000004033**

1. Entity Name  
**FRIENDS OF MENTAL HEALTH OF ST. JOHNS COUNTY  
FLORIDA, INC.**



Principal Place of Business  
**1955 S US 1 STE C-2  
ST AUGUSTINE, FL 32086**

Mailing Address  
**1955 S US 1 STE C-2  
ST AUGUSTINE, FL 32086**

**14006001**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**03-0444454**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**ROBIN, JACOB  
1955 S US 1 STE C-2  
ST AUGUSTINE, FL 32086**

## 7. Name and Address of New Registered Agent

Name **Sandra OWEN**

Street Address (P.O. Box Number is Not Acceptable)

**1955 U.S. 1 South**

City

**ST. AUGUSTINE, FL**

Zip Code

**32086**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Sandra J. Owen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-12-04**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **GOYINGS, BETTY**  
STREET ADDRESS **1955 S US 1 STE C-2**  
CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

TITLE **P.D.** ☒ Change ☐ Addition  
NAME **Valerie DeVille**  
STREET ADDRESS **1955 U.S. 1 South, Suite C-2**  
CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

TITLE **VD** ☒ Delete  
NAME **DUNGAN, DEBORAH**  
STREET ADDRESS **1955 S US 1 STE C-2**  
CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

TITLE **V.D.** ☒ Change ☐ Addition  
NAME **Charles Hildebrand**  
STREET ADDRESS **2441 U.S. 1 South**  
CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

TITLE **SD** ☒ Delete  
NAME **WOODARD, LYNN**  
STREET ADDRESS **1955 US 1 SOUTH STE C-2**  
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE **S.D.** ☒ Change ☐ Addition  
NAME **Sandra Owen**  
STREET ADDRESS **1955 U.S. 1 South, Suite C-2**  
CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

TITLE **TD** ☒ Delete  
NAME **ROBIN, JACOB**  
STREET ADDRESS **1955 US 1 SOUTH STE C-2**  
CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Sandra Owen**  
STREET ADDRESS **1955 U.S. 1 South, Suite C-2**  
CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Sandra Owen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-04**

DATE

**904.825.5048**

Daytime Phone **Ext. 223**